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ABSTRACT

The costs of human resources consume a disproportionate percentage of the hospital's operating budget when compared to the operating budget of other industries. Within these costs two related issues--nursing shortage and nursing recruitment--are particularly relevant to development of nontraditional staff development roles. Traditionally, staff development educators have related to these issues (recruitment, shortage, labor expenses) post-employment only due to their primary areas of concentration--orientation, inservice education, continuing education. Decatur Memorial Hospital, Decatur, Illinois, has developed/implemented a four-prong nontraditional pre-employment responsibility area for staff development educators that emphasizes their interaction with prospective employees. The first prong is participation in the formal educational processes of baccalaureate nursing students who utilize the hospital for clinical experiences and in teaching introductory sessions for faculty and students. The second prong of pre-employment staff development activities focuses on a weekend recruitment effort. A summer earn/learn program for supplemental learning has evolved as the third prong. The fourth prong is assessment of entry level competence. (YLB)

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STAFF DEVELOPMENT : EXPENSE OR INVESTMENT?

-NON-TRADITIONAL STAFF DEVELOPMENT ROLES-

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In the current thrust for cost-effectiveness in the health-care industry, educational units such as staff development departments have been given the directive to assist managers in more effective utilization of human resources. This directive of economic origin addresses the costs of human resources which consume a disproportionate percentage of the hospital's operating budget when compared to the operating budget of other industries. Hospital Statistics 1980, an annual publication of the American Hospital Association, reports labor costs (i.e., human resource costs) at 53 to 60.5 percent of the total operating budget of hospitals within the United States with the variance directly related to specific geographical regions.[1] In Illinois, these costs were almost sixty percent of the hospitals' total operating budgets.[2] The financial impact of these human resource expenses on each hospital's fiscal planning must be obvious. As Tobin et al state:

> "Cost effectiveness issues of the value of human resources development for productivity and quality patient care need to be emphasized when major financial decisions are being considered."[3]

Within these human resource costs, two related issues--nursing shortage and nurse recruitment--are particularly relevant to our development of non-traditional staff development roles. Nationally there is a reported severe shortage of registered nurses to fill the vacancies within hospitals to the extent that a National Commission on Nursing has been appointed to ascertain the facts and issues.

Affecting primarily medical/surgical units and critical care areas of hospitals, this shortage of nurses translates into increased operating expenses due to ongoing crisis intervention and/or closing of hospital beds. Decatur Memorial Hospital with four hundred and twenty-nine beds could be compared to the average United States Hospital with four hundred and forty-nine beds. This "average" hospital has 72.75 fulltime registered nurse vacancies with an annual turnover rate of 31.78% among registered nurses. In total amounts, this average hospital spent $62,600 to attract/recruit nurses plus an additional expense of $19,900 to replace those nurses who left during their first year of employment. Almost nine hundred dollars per nurse was spent prior to employment for recruitment.[4] The Illinois Hospital Association has further researched and documented the nurse shortage problem in our state. Presently in Illinois, almost thirteen percent of the total budgeted registered nurse positions in hospitals are vacant with most of the vacant positions being staff nurse positions. This means there are 8.9 staff registered nurse vacancies per 100 beds.[5]

Additionally, another factor has the potential for exerting considerable influence upon registered nurse availability in Central Illinois as well as Decatur specifically. Until December, 1980, Decatur Memorial Hospital operated a diploma school of nursing which graduated an average of thirty-six students per year during its last five years of existence. In keeping with current trends of nursing education, Millikin University, also located in Decatur, Illinois, assumed responsibility for nursing education graduating its first class in May, 1981. The impact of this transition on nurse availability in the Decatur community remains to be seen.

How do these figures on recruitment, nursing shortage, and labor expenses impact on staff development? Traditionally staff development educators have related to these issues post-employment only due to their primary areas of concentration--orientation, inservice education, and continuing education. Within these three areas of concentration, the staff development educator's role has been: counselor-consultant, educator-teacher, staff specialist, nurse-professional, and change agent-motivator. Again, these are all post-employment roles. As Dorothy delBueno states:

> "Although it is the responsibility of the personnel department to hire only qualified persons, it is the inservice department's responsibility to assure that such new hires are competent to assume and perform the requirements of the position."[6]

This divergency between personnel roles and staff development roles directly impacts on costs, especially recruitment and retention costs. Some hospitals have attempted to bridge this gap by placing a registered nurse in a recruitment capacity; however, our philosophy is that use of a fulltime registered nurse in this capacity is not an effective use of this scarce human resource who has many professional talents. Organizationally, although our nursing care department is decentralized the staff development function is administratively centralized under an assistant director of nursing care. This administrative involvement as the nursing care department grappled with these previously identified issues has led to our staff development educators' active roles in non-traditional, pre-employment activities. To put it bluntly, staff development as well as many other hospital functions would be adversely affected if there are not an adequate number of nurses

employed by the hospital. To meet these challenges we have developed/implemented a four prong pre-employment responsibility area for staff development educators.

The first prong of this pre-employment responsibility area is participation in the formal educational processes of baccalaureate nursing students who utilize Decatur Memorial Hospital for clinical experiences. The hospital provides and supplies an area called the Clinical Applications Laboratory which consists of an eight bed, fully functional unit (formerly the cardiac care unit). As well as providing an area for learning many nursing procedures, the learning laboratory contains a wide selection of educational support media including manikins, models, and charts. Scheduling of the Clinical Applications Laboratory for use as well as obtaining additional supplies is handled by the staff development educators. The assistant director of nursing care responsible for staff development is an integral part of the baccalaureate nursing program's faculty in the role of a clinical associate at the university. In this position, she coordinates use of clinical facilities at the hospital as well as arranging specific experiences--individual or group--for the students.

As another part of this first prong, staff development educators participate in teaching introductory sessions for faculty as well as students. For nursing students, this teaching includes an introduction to the hospital's medication distribution system as well as touring of various hospital departments. Reciprocally, staff development educators may audit courses offered by the university. One staff development educator who audited an elective assessment course not only supplemented her knowledge base, but was also able

to assess the students' level of understanding. "Teachable moments" occurred as the students directed many questions and/or comments regarding the hospital environment to her.

Frequent interactions, such as these mentioned between staff development educators and baccalaureate nursing students during many educational processes, increase the students' feelings of "belonging" within the hospital. Affectively, this feeling does impact upon the students' decision about that first job. What are the results? Of the students from the first graduating class of the Millikin University School of Nursing remaining in Decatur, eighty percent have accepted employment at Decatur Memorial Hospital. Although these short term results are encouraging, due to the nature of this indepth, long-term recruitment effort/involvement, the final impact cannot yet be determined.

The second prong of pre-employment staff development activities focuses on a weekend of fun designed for recruiting new graduates to the hospital. Based on the administrative conviction that Decatur Memorial Hospital sells itself, this recruitment effort places emphasis on selling Decatur, Illinois (where?) as a good place to work and live. For the past three years, administration, personnel, nursing care, and staff development personnel have jointly planned and implemented this program of activities at the hospital as well as in the town. Staff development educators have eagerly participated in all phases of this weekend recruitment effort--planning, hosting, touring, as well as briefing participants from a five state area on staff development opportunities at Decatur Memorial Hospital. Again, heavy emphasis is placed on interaction between the prospective registered nurse employee and the staff development educators.

Directly measurable results of this approach to recruitment are seen in the number of nurses accepting employment based on this weekend with whom there would have been no contact otherwise.

As the third prong of non-traditional roles for staff development a summer earn/learn program has evolved over the last four years into a beneficial, supplemental learning opportunity for nursing students. Any nursing student who has completed an introductory nursing course will find growth and challenge in this leveled program administered and coordinated by staff development. During the first summer of participation in this program, the students participate in a two week orientation to their role which includes didactic material; supervised clinical experience; and practice in the Clinical Application Laboratory as needed. After completing this in-depth orientation, each student works for one-half the summer on a surgical unit and the other one-half of the summer on a medical unit. Students returning for a second and/or third summer in the program may elect to work in such specialty units as oncology; protective care; pediatrics; and/or obstetrics. Additionally, this advanced student may elect to spend a one week observation experience with a registered nurse in the intensive care unit; the cardiac care unit; the emergency department; or the surgery department. For both groups of students--beginners and advanced--a weekly educational session is offered by staff development educators with emphasis on skills performed by registered nurses. The students are encouraged to practice these techniques/skills in the Clinical Applications Laboratory. These relationships between staff development educators and nursing students begun during this earn/learn program continue throughout the school year(s) and as the students seek employment. Anxiously we await the employment this summer of

the first graduates who have participated in the program.

The fourth and final prong of the pre-employment responsibility area for staff development educators is assessment of entry level competence. Several sources address this issue utilizing a variety of techniques such as tests, simulations, checklists, etc. Following traditional staff development models, this assessment, by whatever method, would probably occur during the first week of orientation. Although not an objective technique, staff development educators who worked closely with every new graduate nurse employed here in the last three years have, through experience, identified key skills, techniques, and knowledge which predict the individual's success rate on the registration examination as well as successful integration into our work environment.

Due to the high costs of recruitment, orientation and retention mentioned earlier, any tool which could assist in analyzing pre-employment the individual's strengths and weaknesses in terms of our hospital's needs was welcomed by personnel, nursing administration and hospital administration. Initially, these hypotheses were evaluated informally during orientation programs; however, later these hypotheses were incorporated into a data obtaining interview during the recruitment weekend. These individual interviews were conducted by experienced staff development educators to elicit information in the identified key areas. Utilizing this data, the staff development educator was able to identify possible concern/conflict areas to be addressed by the head nurse during the traditional interview. By obtaining this data prior to employment, the orientation can be truly individualized from day one. Objective data on the success of these predictions will soon be available.

The one commonality of these four prongs is the importance placed on interactions between the prospective nurse employee and staff development educators who will be planning with him/her to meet identified learning needs during orientation and through employment. A partnership develops between staff development educators and the new graduate nurse. Accountability for predicting success as well as for promises made occurs. The staff development educator accepts responsibility for accurate, honest discussions with prospective employees. With this beginning, utilization of adult education principles is facilitated. As Tobin et al state:

> "Thus in the input stage, the learners need to know what the expectations are; they need to be aware of their current knowledge and skills; they need to be involved in defining their needs; they need to have previous experience recognized; and they need to be recognized as individuals."[7]

We believe all of these characteristics in relation to the learning environment of the hospital are facilitated by frequent pre-employment interactions of various kinds between staff development educators and prospective registered nurse employees. In addition, we believe this open attitude/involvement encourages nurses to work here. Certainly, these roles mentioned are only part of a total recruitment/retention package, but we believe they have had a critical impact in a cost-effective manner on human resources at Decatur Memorial Hospital.

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